

LEOMINSTER RECREATION DEPARTMENT

Cooking Class with Tina Cooks 2006

For ages 8-12

Registrations are done on a first-come first served basis with priority given to Leominster residents. The Leominster Recreation Department reserves the right to cap the number of registrations for any program based on availability of personnel, facilities or any other factors affecting the program.

Registrations and payments may be mailed to 25 West Street, Leominster, MA 01453 or dropped off at The Leominster Recreation Department, 40 Barrett Parkway, Leominster, MA for all programs.

Participant First Name: _____ Last Name: _____

DOB: _____ AGE: _____ GRADE: _____ Sex: Male _____ Female _____

Address: _____ Home Phone: _____

City/State: _____ Zip: _____ E-mail: _____

There is a 10 student limit per class. The following classes are all held on Wednesdays.

Please choose from the following cooking classes. Please check the class(s) that you are signing up for.

- | | | |
|--|---------------------------|---------------------------------|
| 1. July 12, 2006 – Corn Muffins | Morning: 10:00 to 12 Noon | Price: \$10.00 per student_____ |
| 2. July 12, 2006 – Baked Mac & Cheese | Afternoon: 1:00 to 3:00 | Price: \$15.00 per student_____ |
| 3. July 19, 2006 – Potato Gnocchi | Morning 10:00 to 12 Noon | Price: \$10.00 per student_____ |
| 4. July 19, 2006 – Turtle Brownie Sundaes | Afternoon: 1:00 to 3:00 | Price: \$15.00 per student_____ |
| 5. July 26, 2006 – Cookie Pie | Morning: 10:00 to 12 Noon | Price: \$10.00 per student_____ |
| 6. July 26, 2006 – Ziti Bake | Afternoon: 1:00 to 3:00 | Price: \$15.00 per student_____ |
| 7. August 2, 2006 – Scones | Morning: 10:00 to 12 Noon | Price: \$10.00 per student_____ |
| 8. August 2, 2006 – Spaghetti & Meatballs | Afternoon: 1:00 to 3:00 | Price: \$15.00 per student_____ |
| 9. August 9, 2006 – Calzones | Morning: 10:00 to 12 Noon | Price: \$10.00 per student_____ |
| 10. August 9, 2006 – Chicken Pot Pie | Afternoon: 1:00 to 3:00 | Price: \$15.00 per student_____ |

Please list any food allergies: _____

Please fill out emergency information and sign on the reverse side----->

EMERGENCY CONTACT INFORMATION

*When emergency situations arise, we want to be able to handle them according to your wishes, if possible.

Please fill in ALL the following information. Indicate by number () the order of preference for contacting the people listed.

Mother's Name: _____ () Mother's Phone #: _____
() Mother's Work #: _____ () Mother's Cell #: _____

Father's Name: _____ () Father's Phone #: _____
() Father's Work #: _____ () Father's Cell #: _____

Emergency Contact: _____ () Emergency Phone: _____
Doctor's Name: _____ () Doctor's Phone: _____

The Leominster
Recreation
Commission
reserves the right
to suspend any
child from the
program if there
are behavioral
problems that
cannot be
resolved.

GENERAL HEALTH: _____ ALLERGIES: _____
ANY SPECIAL MEDICAL CARE? _____
ACTIVITY RESTRICTIONS: _____

MY CHILD CAN BE PICKED UP ONLY BY (other than parent)

1. _____ 2. _____

**THIS FORM
MAY BE
DUPLICATED.**

PHOTOGRAPHY CONSENT AND WAIVER

___ My child _____ has permission to be photographed during Recreation programs for publicity purposes by members of the press.

___ My child _____ has permission to be photographed by Leominster Recreation staff only, and NOT by the press for publicity purposes.

___ My child _____ may NOT be photographed at any time.

I agree not to hold responsible the Leominster Recreation Commission; the City Of Leominster; the owners of the premises where the programs are held; or any of the parties connected with the program for any injury or accident that may occur during the program. I understand that if my child becomes a discipline problem, he/she will be dismissed from the program. No money will be refunded. I also grant permission for the Recreation Staff to seek medical care in the event I cannot be reached (All participants in any city recreation program must sign this waiver.)

Sign Here: Parent/Guardian: _____ Date: _____

LEOMINSTER RECREATION DEPARTMENT, 25 WEST STREET, LEOMINSTER, MA 01453
978-534-7529

FOR OFFICE USE ONLY:

1. Date: _____, Amount: _____ Check#: _____, Cash: _____, Receipt#: _____

2. Date: _____, Amount: _____ Check#: _____, Cash: _____, Receipt#: _____

3. Date: _____, Amount: _____ Check#: _____, Cash: _____, Receipt#: _____

4. Date: _____, Amount: _____ Check#: _____, Cash: _____, Receipt#: _____

5. Date: _____, Amount: _____ Check#: _____, Cash: _____, Receipt#: _____